



Class "B" ELECTRICIAN'S LICENSE

NAME _____ LICENSE# _____

WHERE ARE YOU LICENSED _____

TROY JOB NAME OR LOCATION _____

HOME ADDRESS _____

BUSINESS PHONE _____ HOME PHONE _____

SIGNATURE _____

****PLEASE ATTACH THE FOLLOWING: Certificate of Workers Compensation Insurance
Copy of Electrical License
Plans and/or drawings for proposed job**

Please include a check in the amount of \$200.00 made payable to: Troy City Clerk

Mail to: Troy City Clerk, 433 River Street, Suite 501, Troy, N.Y. 12180. For information call 279-7134

For CODE ENFORCEMENT USE:

Approved _____ Date _____

Board of Electrical Examiners
Robert St. John, Chairman
Cheryl Christiansen, Secretary

City Clerk Approval:

SEAL

Cheryl Christiansen, City Clerk